DOCUMENT RESUME

ED 088 660 SE 010 509

| | |
|---|---|
| TITLE | Country Profiles, Hong Kong. |
| INSTITUTION | Columbia Univ., New York, N.Y. International Inst. for the Study of Human Reproduction.; Population Council, New York, N.Y. |
| SPONS AGENCY | Ford Foundation, New York, N.Y. |
| PUB DATE | Nov 69 |
| NOTE | 8p. |
| EDRS PRICE | MF-$0.75 HC-$1.50 |
| DESCRIPTORS | *Biographies; Demography; *Developing Nations; *Family Planning; National Programs; Population Distribution; Population Growth; *Population Trends; Social Sciences |
| IDENTIFIERS | *Hong Kong |

ABSTRACT

A profile of Hong Kong is sketched in this paper. Emphasis is placed on the nature, scope, and accomplishments of population activities in the country. Topics and sub-topics include: location and description of the country; population (size, growth patterns, age structure, urban/rural distribution, ethnic and religious composition, migration, literacy, economic status, future trends); population growth and socio-economic development (relationships to national income, size of the labor force, agriculture, social welfare expenditures); history of population concerns; population policies; population programs (objectives, organization, operations, research and evaluation); private efforts in family planning; educational and scientific efforts in population; and foreign assistance for family planning activities. (RH)

ED 088660

# Country Profiles

Issued by The Population Council and The International Institute for the Study of Human Reproduction, Columbia University

November 1969

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

# HONG KONG

*THIS profile was prepared by staff members of the Family Planning Association of Hong Kong. It is published with the permission of the present Chairman of the Association.*

## Location and Description

The British Crown Colony of Hong Kong is situated on the southeast coast of China adjoining Kwantung Province and consists of Hong Kong Island (ceded to Great Britain in 1842), the Kowloon peninsula (ceded in 1860), and the New Territories (leased in 1898 from China for 99 years). The total land area of Hong Kong is 398¼ square miles made up as follows: Hong Kong Island, including a number of adjacent islands, 29 square miles; Kowloon and Stonecutters Island, 3¾ square miles; and the New Territories, including 235 other islands, 365½ square miles.

Of the total land area, about 320 square miles or roughly 80 per cent is hilly and grassy or rocky with some scrub forest. Roughly 55 square miles or about 35,000 acres can be considered as arable land suitable for some form of agriculture. The remaining 25 square miles (about 16,000 acres) are for the most part urban development.

Fully 85 per cent of the total population lives on only 15 square miles of land in the twin cities of Kowloon and Victoria, surrounding the fine harbor, which is one of Hong Kong's greatest natural assets. It has been estimated that the total available usable land in Hong Kong could support adequately a maximum population of 1.2 million. Now that it is required for over three times that number, the shortage of land for residential and industrial building, and for necessary services, is acute. The leveling of hills to form flat sites for building purposes and the reclamation of parts of the coastline are being undertaken to provide limited additional level ground.

## Population

### Size and Growth Patterns

The total population in Hong Kong in mid-1968, according to official estimates, was 3.9 million, and the natural growth rate was approximately 1.6 per cent, crude birth rate and crude death rate being 21.3 and 5.0 respectively. In the ten-year period 1958-68 the birth rate fell 17.5 points, from 38.8 to 21.3. Although the 19 per cent decline between 1961-65 was in large part due to a change in the age distribution of women (that is, the relative decline in the number of young women of childbearing age), the 15 per cent decline between 1965-67 represents a genuine decline in the fertility of married women.

The volume of net migration has always been difficult to forecast since Hong Kong is subject to an influx of illegal immigrants, the size and incidence of which are by no means constant. During the period 1961 to 1966, the total number of net immigrants was approximately 118,000. (This figure was derived after deducting from the total increase in population [557,700] during this period the difference between registered births and registered deaths, which is 440,000.) The number of net immigrants during the period 1966 to 1968 was approximately 40,000 per annum, estimated by the same method. Eighty-five per cent of the population is concentrated in the urban areas of Hong Kong Island and Kowloon; the remaining 15 per cent is in the adjacent islands and the New Territories.

*Total Number and Average Size of Households.* According to the 1966 census, there were 776,600 households with an average of 4.8 persons per household.

*Total Number of Married Women of Reproductive Age.* The number of married women of reproductive age (15-44) was 450,270, of whom 1.9 per cent were below 20, 26.4 per cent were in their thirties and 71.8 per cent were between 30-45. Fifteen per cent of the married women 15-44 were living in the rural areas of Hong Kong, but they account for 19 per cent of all the births in the Colony during the year; the relatively higher fertility of the rural women can be partly explained by the age distribution of married women living in the rural areas, which is more favorable for higher fertility.

### Average Age at First Marriage

It is not possible to estimate the mean age at first marriage with any reasonable degree of accuracy in the absence of a complete system of marriage registration (since traditional Chinese marriages that take place in the presence of parents and friends, as in the Ching Dynasty, are not yet required to be registered, and only about 50 per cent of these marriages were registered under the Marriage Ordinance). A rough estimate using

Hajnal's method[1] gives 28.8 and 23.7 for males and females respectively in the urban areas, and 26.5 and 21.9 for males and females respectively in the rural areas.

### Literacy Level

Whether a person aged 10 and above is classified as literate or illiterate depends mainly on whether he has been to school or not. For people aged 10-34, 92 per cent of the total population in 1966 were literate compared with 85 per cent in 1961, showing that some progress has been made. For people 35 and above, hardly any progress has been achieved, and literacy levels of people 35 and above were 61 per cent and 62 per cent in 1961 and 1966 respectively. The literacy level is generally higher for men than for women, especially among people in the older age groups (35 and above); in 1966, 87 per cent of the males were literate compared with 39 per cent of the females; the corresponding figures for those aged 10-34 were 96 per cent and 87 per cent. The literacy level is low among the rural population and particularly low in the marine population. In spite of the significant improvement achieved since 1961, the literacy rate in 1966 for those aged 10-34 stood at 77 per cent and 28 per cent for the rural and marine populations respectively.

### Economic Status

A person is classified by economic status as (a) fully supports (31 per cent of males, 4 per cent of females), (b) partly supports (16 per cent of males, 19 per cent of females), or (c) dependent on a household (53 per cent of males, 77 per cent of females). (Figures are for 1966.) Of males aged 25-39, 68 per cent were principal supporters of households in 1966 (vs. 5 per cent of females aged 25-39).

For both males and females, there were no principal supporters below the age of 15 because they were mainly school-going children. However, 3 per cent of the males in this age group partly support the household compared with 5 per cent of females, showing that young girls are a little more likely to take part-time jobs to eke out the household expenditure. The proportion of principal supporters for both sexes increases with age up to 54 years, at which point 81 per cent and 10 per cent of the males and females respectively were sole supporters. After the age of 55, such proportions decline, since it is common for workers to retire after reaching this age and the burden of supporting the household will fall on, or be shared by, the younger members of the household.

### Ethnic and Religious Composition

No data are available on ethnic and religious composition, but it is known that more than 98 per cent of the population are Chinese.

## Population Growth and Social-Economic Development

### Relationship to National Income

In spite of the rapid increase in population during this decade, the economic development of Hong Kong is more than able to keep pace with the rate of population growth. Although there has been no comprehensive study of national income and its trends, it is clear that the per capita income as well as the standard of living is rapidly on the increase.

### Relationship to Size of Labor Force

The percentage distribution of the working population for the two census dates 1961 and 1966 (based on 1,191,099 employed in 1961 and 1,374,870 employed in 1966) shows (in per cents) declines in farming and hunting (7.4 to 5.3), mining and quarrying (0.7 to 0.3), construction (8.4 to 6.3), public utilities (1.6 to 1.0), communication (7.3 to 7.0) and unclassifiable (1.4-0.4), and gains in manufacturing (39.9 to 40.0), commerce (11.0 to 17.0) and service (22.3 to 22.9).

The size of the labor force engaged in primary production is small since Hong Kong is poorly endowed with natural resources. Moreover, the number of agricultural workers as well as the amount of arable land is on the decrease (87,581 workers in 1961 to 72,510 in 1966). The major cause for the decrease in the amount of land is the encroachment by industrial concerns following the setting up of satellite towns.

There has been considerable expansion in the secondary industries, particularly in trade and commerce, which was made possible by the tremendous increase in import and export trade in recent years. The construction of the Ocean Terminus and the expansion of the Airport have played a significant role. The recent development of the tourist industry has been rapid, and it is believed that there is still ample room for future development. The significant decrease in the number of workers in the construction industry (from 100,181 in 1961 to 86,130 in 1966) is probably due to the recession of the housing boom some time in 1965-66. Manufacturing industries (the largest being textiles) provide jobs for approximately 40 per cent of the workers and seem to have reached an equilibrium, making any significant expansion unlikely in the near future.

In 1966 in all age groups 51 per cent of males and 26 per cent of females were economically active. The proportion of economically active population is closely associated with age. As expected, it is highest in age groups 20-54 in which less than 4 per cent of the males are economically inactive. Before the age of 20, the majority of males consists of school-going population and, above the age of 54, many of them may have retired. This pattern of distribution does not hold true for the females where a bi-modal distribution is observed. For females the peaks are found to be in age groups 20-24 and 35-44 where 63 per cent and 43 per cent, respectively, are economically active. The abrupt drop in the proportion of economically active females is probably associated with the women's age at marriage and their reproductive experience, for it is likely that a significant proportion of women in the age group 25-34 are either currently pregnant or taking care of young children. The later increase in this proportion can be explained by the fact that women above the age of 34 are relatively less fertile and that their children may have grown to an age where they can care for themselves, enabling these women to rejoin the labor force.

Compared with 1961, the proportion of economically active population in 1966 is higher for both sexes.

[1] Hajnal, John. "Age at Marriage and Proportions Marrying." *Population Studies*, 7(2): 111-136. November 1953.

For males, except the very old, this proportion is higher than that in 1961 for all age groups. Greater job opportunities and a general rise in the real wage level may be the major causes of this. The small reduction in this proportion among the very old in 1966 should be regarded as a good sign, reflecting that a greater number of the very old population have become self-sufficient, either living on pensions or accumulated savings and having no need to look for jobs. The big increase in the proportion of economically active population in all age groups among the female population (22 per cent in 1961 to 26 per cent in 1966) is also remarkable, indicating that there has been improvement in the status of women. At present, men and women are not receiving equal pay; when this is widely adopted, the proportion of economically active females is expected to be all the greater.

#### Relationship to Social Welfare Expenditures

With the growth of the population (from 3,175,000 in 1961 to 3,927,000 in 1968), the demand for such services as education, medical and health care, and social welfare has increased, and expenditures have risen accordingly.

*Public Education.* In 1961 HK$48.3 million (US$7.7 million) were spent on education; in 1968, the figure was HK$288 million (US$50 million). Although primary education has not been made free and compulsory, there have been very big increases in school enrolment and consequently great improvement in the literacy rate since 1961, with the problem of illiteracy being mainly confined to people in the older age groups.

*Public Health.* Public expenditures on medical and health care rose from HK$64.1 million in 1961 to HK$134.9 million in 1968. The general state of health of the population, as demonstrated by the Colony's vital statistics, should be considered as satisfactory. In 1967, the infant and neonatal mortality rates (particularly indicative of health trends) were 26 and 20 per thousand live births respectively. The crude death rate was very low, 5.1 per thousand, but this index is simply a reflection of the favorable age distribution. Expectation of life at birth has been estimated to be 66.7 and 73.3 years respectively for males and females. The number of hospital beds has never been considered as adequate; its ratio to total population is about 4 per thousand.

*Social Welfare.* The very small annual expenditure on social welfare indicates that Hong Kong is still very far from being a welfare state (1961—HK$7 million; 1968—HK$15.9 million). However, the greatest part of the welfare and charitable activities are being undertaken by private organizations and Benevolent Societies with heavy government subventions. Recently there have been repeated appeals submitted to the Legislative Council to increase annual expenditure in this field.

### History of Population Concerns

The population of Hong Kong had some 7,000 farmers and fisher-folk in 1841 and reached 280,000 by the end of the 19th century. Since the beginning of the present century, heavy immigration from China has continued. All these substantial increases in immigrants were created mainly as a result of unsettled conditions arising from such historical events as the Tai Ping Rebellion, which began in 1850 and spread over South China; the Chinese Revolution of 1911, which overthrew the Manchu Dynasty, and was followed by a long period of unrest; the fall of Canton to the Japanese and the prolonged war between China and Japan during 1939-1941; and the change of Government in China after 1949.

According to census figures the population of Hong Kong almost tripled between 1901 (283,975,000) and 1931 (840,473,000), doubled itself again in ten years time (to 1,639,337 in 1941), and again redoubled itself in 20 years (to reach 3,129,648 in 1961). Natural increase alone could not have brought about this tremendous increase, and the heavy influx of immigrants played a large part. However, since 1961, the volume of immigrants each year, though large, has not been playing as significant a role as it used to because of the growing size of the population base. At present the population is growing at a rate of 2.3 per cent per annum, of which approximately 0.5 per cent is due to the influx of immigrants.

### Population Policies

#### Direct and Indirect

Hong Kong has no direct population policy as such, although the Family Planning Association is accorded very full cooperation by the Medical and Health Department. Women government servants are presently granted eight confinement leaves of three months each, four on full pay and four on half-pay.

#### Support and Opposition

Support for a government-sponsored program of family planning has been given by a group of Urban Councillors and unofficial members of the Legislative Council. There is no real opposition to the institution of a family planning program in Hong Kong.

The Association fully realizes the need for government to endorse family planning as an official policy at the present time. In 1966 there were 731,000 women in the childbearing age group of 15-44 years; 50 per cent of the babies were born to 191,300 mothers in their twenties. In 1976, it is estimated there will be 975,000 women in the childbearing age group (an increase of 33 per cent) but the number of women in their twenties will have more than doubled, reaching nearly 404,000. The results of the Urban Family Life Survey now being analyzed show that 76 per cent of the married women have said that they do not want more children and yet only 42 per cent are practicing birth control in one form or another. The survey has also revealed that 68 per cent of the women interviewed wanted only two children and 87 per cent wanted no more than three.

A plea for government endorsement of family planning was put forward at the meeting of the Legislative Council in September 1968. It was stressed that such an urgent and pressing problem deserved the highest priority in attention, financial support and active participation by all concerned in government, employers and responsible parents. The problem of adequate schooling was also emphasized as statistics show that at present 1 million children attend school, at least half a million very young ones are waiting to go to school while approximately 300,000 or

more youngsters do not attend school. It was emphasized that Hong Kong needed widespread family planning services and that a voluntary organization run by an executive committee of voluntary members was limited in scope and effectiveness.

In reply, the government spokesman, Dr. the Hon. P. H. Teng, Director of Medical and Health Services, promised continued government support through recurrent annual subventions and the provision of space for family planning clinics in all the Government Maternal and Child Health Centres. However, he felt that the present status quo of the Association should be preserved.

### Population Programs

#### Objectives

There is no official government policy regarding population. The primary aim of the Family Planning Association is not to reduce population growth rates but to provide family planning services to as many women as possible as soon as possible. The Association's target in 1968 was to reach 76,000 patients. The 1968 target was not reached: there were 73,745 patients during the year. However, even this was an increase of 10.6 per cent over the 1967 attendance figure. Annual increases of 5 per cent for the two years 1969–70 are hoped for, with anticipated increases of 7 per cent for 1971–73 and 10 per cent for 1974–76, bringing the target in 1976 to 136,339 family planning patients.

#### Organization

The Family Planning Association is a voluntary organization founded in 1936. At present it is run by a voluntary Executive Committee of 26 members, which meets monthly. These Committee members, together with specialist co-opted members, sit on sub-committees that deal separately with the sections Research, Publicity, Social Work and Education, Clinics, and Medicine. The Executive Secretary and the Medical Director are directly responsible to the Executive Committee for the running of the Association and the implementation of all committee decisions. However, there has been such rapid expansion in recent years in all sections that this system of administration is no longer efficient or practical. Steps have been taken to employ an Executive Director, and the whole committee structure will then be revised. The present Executive Committee will become a Council, which will meet quarterly; up to eight members will form a small Executive Committee which will meet weekly. Much of the present power held by the Committee will be delegated to the Executive Director.

Although the Association is a voluntary one, approximately 40 per cent of the recurrent expenditure is met by government subvention screened and awarded through the Government Department of Medicine and Health. A very close working relationship has developed between this government department and the Association; 36 of the Association's 49 clinics are held in their premises (either Maternal and Child Health Centres or hospitals). A scheme has recently been organized whereby government doctors can either prescribe contraceptives for their patients (who can then collect supplies from the Family Planning Association at normal prices) or refer their patients directly to Family Planning Association clinics for advice and supplies. Other government departments also work very closely with the Association, especially the Resettlement Department, which is responsible for the accommodation of over one-fourth of Hong Kong's 4 million people. The Resettlement Department provides the Association with clinic accommodation in every estate and refers all large newly resettled families to the Association for home visits, giving details of number of children etc.

#### Operations

In order to make the services provided by the Association known to as wide a section of the population as possible, the Association's welfare workers are based in the Maternity and Gynaecological wards of the largest hospital in the Colony, in ante- and post-natal clinics and in the infant welfare clinics of the Government Maternal and Child Health Centres. During 1968, 150,681 women were contacted at these locations.

Families in need of help and advice in family planning are referred to the Association's social and welfare workers by other welfare agencies. The Government Resettlement Estates officers make requests to the Social Work Section for visits to be made to families requiring assistance on the estates. Over 26,000 home-visits were made in 1968.

The Association, at the end of 1968, was running 123 weekly clinic sessions in 49 centers; during the year the total attendance at these clinics was 204,927. In addition to the family planning clinics the Association runs sub-fertility clinics, male clinics and Married Life Information clinics.

The Research Section of the Association, in cooperation with the Education and Social Work and Medical Sections, has carried out various research programs during the year.

Since April 1966 the Family Planning Association has participated in the postpartum project, sponsored and financed by the Population Council, which is aimed at integrating family planning into the prenatal, delivery, and postpartum services of a maternity hospital. A new postpartum program began in May 1969 and includes six hospitals and three Maternal and Child Health Centres. Full co-operation has been forthcoming from government in carrying out these programs, which have entailed the collection of data on age and parity from hospital medical and paramedical personnel.

Three full-time birth control clinics and 42 others are open for between one and four half-day sessions a week. The two largest clinics are held in the Association's own premises, one on each side of the harbor. Wherever possible, clinics are established in government and government-assisted hospitals and Maternal and Child Health Centres. Clinics are also held in rented premises on nine resettlement estates. All these clinics offer oral pills, IUD insertions and injectables as well as conventional methods. There are two sessions for male clients and a sub-fertility clinic each week.

New patients pay a registration fee of HK$1.00, which is reduced by 50 cents if they produce an introductory slip. IUD insertions are free of charge, oral pills cost HK$1.00 a cycle, and three-monthly injections are HK$7.00 each time. These charges are reduced or waived in cases of hardship. Suit-

able cases are referred to hospitals if they wish to apply for sterilization.

*Recruitment of Acceptors.* About 63 per cent of women are delivered at government or government-assisted hospitals and clinics; nearly 80 per cent of them bring their babies to these institutions for examination and vaccination. The 40 welfare workers of the Association spend about half their working time attending antenatal, post-natal and infant welfare clinics and visiting maternity and gynaecological wards. In every MCH center and government hospital as well as several government-assisted institutions they speak to the women in an attempt to assess their needs, discuss family planning methods and issue an introductory slip to those who express an interest in attending a Family Planning Association clinic. Whenever possible a case-card is opened so that the potential client may be followed up if she does not attend a clinic within a few months after the interview. The remainder of the section's work-load is divided between visits to cases referred by resettlement officers and other welfare agencies, clients referred for follow-up by the Clinic Section, and follow-up of the worker's own patients who have not attended a clinic after accepting an introductory slip. Welfare workers also obtain field data for research purposes and conduct film shows and discussion groups when requested by other organizations. Introductory slips and descriptive leaflets and posters are distributed to other welfare and industrial organizations to enable them to refer clients where appropriate.

*Information and Education.* The publicity of the Association depends to a large extent on the efforts of the 40 welfare workers. In addition, eleven different pamphlets or booklets are issued in the Association's clinics and made available at Marriage and Births and Deaths Registry offices. Supplies of these have been mailed to private doctors, industrial concerns and welfare agencies with the offer of a continuous supply. Large numbers of pamphlets are taken by the public at exhibitions and other similar functions. Recent newspaper advertisements offer free pamphlets by post. In September 1968 a poster design competition was held, and several of the designs submitted by the public have been printed and are now being distributed throughout the Colony. They are displayed in government medical premises, in resettlement blocks, in welfare agencies, and in ferry terminals. Copies of the new posters have been mailed with pamphlets to factories and welfare agencies. Radio companies regularly interview Association staff members on programs for women. Television companies have shown Association films free of charge and have included three programs on family planning in a series on health and hygiene. All radio and television companies cover any special topic in their news programs at the request of the Association.

Previous publicity campaigns have included six one-minute films of short stories with a family planning theme made for a film campaign in 1966 and shown in 45 theaters for periods of up to two months. Efforts to encourage employers to make family planning information and advice available in factories and large organizations resulted in a three-day exhibition and film show in April 1968 for directors, managers and welfare officers from all sizeable organizations and government departments. The material on display illustrated the problems caused by the rapid increase of population both from the individual and community aspects. Charts showed additional requirements in food, housing, hospital beds, etc. that would be needed to cater to the increased population projected up to the year 1981. Information on the Association's activities and the way its work could help Hong Kong was also presented. Radio was used extensively in 1965 when the Family Planning Association broadcast a play in ten series, each accompanied by the Family Planning theme song. Short spot announcements were broadcast over the same period.

*Methods.* In 1968 the 26,203 new cases chose the following contraceptive methods during their first visits to Association clinics (expressed in per cents): oral pill, 49.5; IUD, 27.8; condom, 15.3; injection, 4.14; jelly or cream, 1.8; foam tablet, 1.6; diaphragm and jelly, 1.0.

The oral pill was the most popular method in 1968. This is a very recent development; at the end of 1967, only 6,599 patients were taking pills whereas by the end of 1968, there were 18,739 patients on the pill. This popularity has been due in part to the low cost of the new pills. Patients are given a month's supply for HK$1.00 (US$.16). No medical prescription is needed in Hong Kong to obtain supplies of oral pills and they are widely stocked by chemists and stores.

The Association buys oral pills in bulk at very low cost and also orders some through the Pathfinder Fund. Several large organizations have given supplies of free pills, notably USAID.

Until very recently the IUD was the most popular method; since it was introduced in 1964, some 72,000 women have had an IUD inserted. At the end of 1968, 36,685 women were thought to be wearing the device. The IUDs used were mainly Lippes B & C and the Hong Kong Triangle B & C. However, both sizes B were discontinued after a study showed that higher pregnancy, expulsion and removal rates were found for this size than with size C. The Population Council, under a special arrangement with the Ortho Company, has authorized the Association to make IUDs in Hong Kong for the public sector, provided that they are not exported or resold. In an effort to find a better device with fewer side effects, experiments with several differently shaped devices obtained in small quantities from the designer, usually in the U.S.A., have been made. All IUD insertions are free of charge.

Intramuscular injections of steroids were introduced in October 1967 in two clinics and are now available at all clinics. Three, six and twelve monthly injections are available. At the end of 1968, 2,705 women had been on the injection for varying intervals for up to 15 months. Supplies were originally donated by pharmaceutical firms but are now purchased at half price.

The percentage of new patients adopting conventional methods on their first visit showed a sharp decline from 47.8 per cent in 1967 to only 23 per cent in 1968. The condom remains the most popular conventional method; however, many of the women who start with conventional methods do change to newer methods later in the year. Prices are scaled

according to the patient's income and size of family. As abortion is illegal in Hong Kong, no figures are available.

*Personnel.* Administration is handled by an executive secretary in charge of the day-to-day running of the Association, assisted by two deputy executive secretaries and two typists.

The Social Work Section is run by an administrator and four other professionally trained social workers. They are responsible for the organization, training and supervision of about 40 welfare workers. The welfare workers are usually secondary school graduates with nursing or teaching experience who receive an introductory training program lasting two or three weeks. They also receive regular individual and group supervision from the social workers.

The Clinic Section concerns all clinic and medical matters and comes under the general control of a full-time Medical Director. Personnel involved include 15 full-time doctors, 12 part-time doctors, 1 voluntary doctor, 29 full-time trained nurses and one auxiliary nurse, and 26 full-time clerks trained in a large clinic for 2-3 months under the supervision of a senior clerk.

A Publicity Officer and two assistants deal with the production of posters, pamphlets, press releases and translations.

Research is conducted by a demographer, two statistical workers and two clerks. Welfare workers are used to obtain additional field data.

*Budget.* During the year ending 31 March 1968 the Family Planning Association's income amounted to HK$1,188,000 exclusive of stock. The breakdown was as follows: donations and grants (both foreign and domestic) HK$616,000; government subvention HK$500,000; interest and dividends HK$49,000; sundry income HK$10,000; and patients' registration fees HK$17,000. Domestic grants totaled approximately HK$149,700, with the major contributions coming from the Hong Kong Jockey Club (Charities) Ltd. (HK$60,000) and the Hong Kong Christian Service (HK$53,800).

A departmental breakdown of expenditures for the same year (including—department by department—such items as salaries, office supplies, travel, rent and other service charges) is as follows (in Hong Kong currency): administration, $126,300; clinics, $613,700; publicity, $79,900; education, $159,500; headquarters, $16,200; the Kowloon Centre, $19,400; the mobile unit, $9,300; research, $75,900 (including $17,600 for the Age-Specific Birth Rate Study); and the laboratory, $5,700. Total expenditures for the year come to $1,105,900.

## Research and Evaluation

In September 1967, a research and statistical office was officially established within the Family Planning Association. This office is charged with the responsibility of providing routine data for administrative purposes, such as the number of acceptors classified by principal methods of contraception. It also collects data at selected intervals on a few key characteristics of the acceptors, such as age, parity and education, so that trends can be observed. As the need arises, this office undertakes small experiments aiming at evaluating the various phases of the program activities. In collaboration with both local and foreign agencies, it participates in surveys on fertility trends and the extent of the contraceptive practice. The eight major research efforts are described below.

*The Urban Family Life Survey on Family Planning.* A preliminary report on the practice of family planning was completed in June 1968, based on data provided by the Urban Family Life Survey 1967. The purpose of the report was to provide guidelines for the formulation of future policies on family planning. The main findings were:

a) The desire to limit one's family size increased with age. Even at relatively young ages (25–29), more than half the women indicated that they would not like to have an additional child. This was true of over 80 per cent of those aged 30 and above and 76 per cent of all women in the community.

b) The desire to limit one's family size increased with parity. The majority of women preferred a small-sized family (68 per cent of the mothers having two children did not want any more).

c) Women of very low parity and older women of high parity were least in favor of family planning.

d) The IUD and the oral pills accounted for 50 per cent of the methods offered to women who had made family planning inquiries both within and outside the Hong Kong Family Planning Association.

e) The highest rate of contraceptive practice was found in women in their thirties; 42 per cent of the married women were practicing some form of contraception including sterilization.

f) Thirty-four per cent of the practicing women under 25 years of age had started contraception before their second pregnancy, indicating that contraceptives were being used by younger women for spacing births.

g) The women who desired no more children but refused to practice contraception were those who had less education and had married at relatively younger ages. The low job positions held by them or their husbands resulted in a low family income; they were among the poorest because of their higher fertility level.

*IUD Retention Rate Studies.* A retrospective study of the retention rates of 4,472 IUD acceptors in the 12 largest clinics during the period 1963 to 1966 was carried out. It was found that pregnancies, expulsions and removals declined with increases in age and parity order, indicating that the IUD is more suitable for older women of higher parity. Removal rates are high as compared with other parts of the world, and continuation rates are too low to be regarded as satisfactory.

In order to determine the relative merits of the Hong Kong Triangle C and the Lippes C, 1,353 Lippes C cases and 842 Triangle C cases were observed. These 2,195 patients were IUD acceptors at the Central Clinic during the period from 1 January 1966 to 31 December 1967. Comparing the net cumulative closure rates, the Hong Kong Triangle C was superior to the Lippes C in all types of terminations. However, such a conclusion was not entirely valid since patients having reinsertions had been improperly analyzed. The differences in the pregnancy and removal rates exhibited by these two devices are not significant. With regard to the expulsion rate, the Hong Kong Triangle C is superior to the Lippes C. However,

during the period under study, women fitted with Triangle C were older than women fitted with the Lippes C. This difference in age may have introduced a bias in favor of the Triangle C. On the basis of net cumulative rates, retention rates at the end of twelve months were 66.3 for the Hong Kong Triangle C and 62.6 for the Lippes C.

*Field Project to Influence the IUD Retention Rate.* The Association initiated this study to find out whether reassurance home-visits by welfare workers would reduce the number of removals for psychosomatic reasons. The study group consisted of all new IUD acceptors at the 12 largest clinics, half of whom, the test group, received home visits made within three to ten days after insertion while the other half, the control group, did not receive home-visits. Six specially trained welfare workers were assigned to this project from April 1968 to January 1969. Preliminary data have shown that, at 30 November 1968, there were 67 removals in the test group compared with 101 in the control group. All IUD acceptors included in this study will be followed up by home or clinic visits some time in June 1969, so that the effect of home-visits on the IUD retention rate can be more accurately determined.

*Age-Specific Birth Rate Study, 1967.* The Population Studies Center of the University of Michigan has continued to assist the Hong Kong Family Planning Association in studying fertility trends in Hong Kong. In 1968 a selected random sample of 10,000 birth records for 1967 was taken. Basic computations were carried out within the Association and the University analyzed the data. A preliminary report of this study states:[2]

> As in 1966, the 1967 birth rate declines were not in any major way a result of changes in age or marital status distributions; they were genuine declines in the fertility of married women. The result is that for the period from 1965 to 1967 the crude birth rate of Hong Kong fell by 15 per cent, the total fertility rate fell by 14 per cent, and the birth rate standardized for age fell by 13 per cent. As indicated in the [illegible] analysis* the earlier sharp fall in the crude birth rate between 1961 and 1965 was largely the result of distortions in the age distribution, partly a result of a later age at marriage, and very little a result of fertility declines among married women. Therefore, the declines in the period 1965–67 represent a significant change from the trends in the period 1961–65.
>
> The 1965–67 period also differs from the earlier period in several other significant ways. First of all, in the recent period fertility declines have been greatest at the youngest ages, a departure from the classical pattern of declines at the older ages evident in the period 1961–65. Further, the 1965–67 declines occurred at a time and in age patterns which make it plausible to interpret the change as due to a significant degree (but certainly not entirely) to the activity of the Hong Kong Family Planning Association, which became much more successful in reaching larger numbers of women and especially those in younger age groups. The plausibility of attributing some major part of the change to the work of the Association is enhanced by the fact that the 1967 decline, while marked, was much less than that for 1966 and follows on a relative decline in the number of new clients being served by the Association.

[2] Ronald Freedman, D.N. Namboothiri, A. Adlakha, and K.C. Chan, "Hong Kong: The Continuing Fertility Decline, 1967." *Studies in Family Planning*, 44:8–15. August 1969.

* The analysis for the period up to 1966 is in Ronald Freedman and Arjun L. Adlakha, "Recent Fertility Declines in Hong Kong: The Role of the Changing Age Structure," *Population Studies*, 22 (2):181–198. July 1968.

*The Oral Pill Follow-up Study.* The use of oral pills has become increasingly popular in Hong Kong. This study is an attempt to evaluate their effectiveness in preventing unintended pregnancies. In the present study the effectiveness of oral pills is viewed through use-effectiveness and extended use-effectiveness. This study has been designed so that data for these two methods of evaluation can be obtained simultaneously. A systematic sample was selected of 1,500 patients who accepted oral pills from 16 of the largest oral pill distributing clinics. Six specially trained welfare workers were assigned to make follow-up visits to those patients who had failed to return to the clinics at regular intervals. The field work for this study has been completed. Preliminary analysis of the data shows oral discontinuation rates, after 6, 12, and 18 months, of 27 per cent, 35 per cent, and 41 per cent. (The corresponding rates for IUDs—although not standardized for age of acceptor—are 20 per cent, 30 per cent, and 39 per cent, based on studies in 1968 of women having insertions during 1964–66.) A condensed version of a report on this study, by K.C. Chan, is forthcoming in *Studies in Family Planning*.

*An Analysis of the Acceptance Rates, 1961–1968.* The purpose of this study was to trace the relative intensity of family planning activities in various sections of the Community over the period 1961–68. The study compared census data on the distribution of population groups by various characteristics with clinic data on family planning patients classified by the same characteristics. Preliminary findings show that since 1966, the Family Planning Association has been more successful in encouraging younger women, women of lower parity and better educated women to adopt family planning and this trend is believed to be closely related to the initiation of the MCH program. More women whose husbands work in the service, transport, sales and manufacturing industries attend the clinics than those whose husbands are office or clerical workers or employees in the administrative and managerial grades. Women whose husbands are in the fishing, farming and mining industries appear least willing to adopt family planning.

*Plastic Condom Study.* The Family Planning Association will shortly begin a field study to determine the acceptability and effectiveness of the plastic condom. Equipment and material for its manufacture has been given to the Association by the Population Council. Patients will be supplied with plastic condoms for a period of one year and a comparative study will be carried out with patients who have used rubber condoms for the same period.

*The Postpartum Program.* Since April 1966, the Association has participated in the postpartum program sponsored and financed by the Population Council. The program has now been extended to include three Maternal and Child Health Centers and six hospitals in Hong Kong.

### Private Efforts

Protestant Churches in Hong Kong support a family planning program and assistance has also been provided by the American Friends Service

Committee, the Hong Kong Christian Service and the Unitarian Service Committee of Canada in carrying out research studies and in the development of a family life education program. The Catholic Church runs its own rhythm clinics and Catholics are represented on the Working Committee for Family Life Education.

### Educational and Scientific Efforts in Population

The 1961 Census was the first modern population census ever taken in Hong Kong. Five years later, a by-census was conducted based on a 1 per cent sample of the population. With these up-dated population statistics available, certain demographic analyses and studies of the population could be made. A new set of population projections up to the year 1981 was computed. The more accurate estimates of the population also provided the basis for revising the Hong Kong Life Tables for the years 1968, 1973 and 1978.

A Census will be taken again in 1971. It will be a population census as well as a census of housing. It has been considered that more effort should be put into the field of vital statistics. Steps have been taken to revise the questions to be asked of the informants so that more information can be collected for each vital event.

### Foreign Assistance

Foreign assistance granted to the Family Planning Association from seven organizations totaled approximately HK$423,600 during the year ending 31 March 1968. (This figure is included in the total FPA income of HK$1,188,000 for the year.) Those foreign organizations contributing included the International Planned Parenthood Federation ($116,900), the American Friends Service Committee ($116,700), the Oxford Committee for Family Relief ($95,800), the Population Council ($37,900), the Unitarian Service Committee of Canada ($36,900), the University of Michigan ($19,000), and the Cambridge Women Welfare Association ($400).

In the past the Hong Kong FPA has received a great deal of overseas aid for specified projects over short periods; however as the program becomes more successful, many agencies withdraw their aid in order to give more to other countries whose problems are greater.

### Summary

Strengths and Weaknesses

The government has continued to encourage the Family Planning Association with increasing financial support from 1955 onward; this support is now approximately 40 per cent of the Association's annual recurrent expenditure. All reasonable requests for increase have been met by the government. Several directors of government departments are providing active support and the Medical and Health Department permits the FPA of Hong Kong to hold clinics in 36 of their Maternal and Child Health Centers or hospitals; the Resettlement Department provides eight clinics and refers all over-large families to the FPA for home-visits. The Social Welfare Department constantly assists with training programs. In addition, courses in family planning are given by the FPA in the in-service training program run by the Social Welfare Department and as part of the public health visitors training. Strong support also comes from unofficial members of the Legislative Council; at the Council's debate of 11 September 1968, three members asked the government to endorse family planning as an official policy and incorporate it into the Maternal and Child Health Services.

However, in spite of this support it is unlikely that the target figure of 136,339 patients by 1976 can be achieved unless family planning is incorporated into the Government Health Service. Thirty-seven of the 52 clinics are currently held in government premises and will have to double staff and clinic sessions if they are to double the number of patients by 1976. At present many of the clinics in Government MCH Centers are overcrowded but no extension of hours is possible because the MCH program is itself pressed for space.

Although in recent years a large proportion of overseas money has been given for research projects (this has included the running cost of clinic sessions, e.g., the Postpartum Project and the Age-Specific Birth Rate Study) it is unlikely that overseas agencies will continue to take such an interest in Hong Kong research or supply funds to cover continuous expansion.

This is part of an information service provided by The Population Council and The International Institute for the Study of Human Reproduction, Columbia University, under a grant from The Ford Foundation.